

THE COMMONWEALTH OF MASSACHUSETTS
City of Newton
Fiscal Year 2015

Assessor Use Only
MGL Ch 59 § 5 Clause 17D
 Date Received: _____

SURVIVING SPOUSE or MINOR CHILD
APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

**THIS APPLICATION IS NOT OPEN TO
 PUBLIC INSPECTION**

(See General Laws Chapter 59, Section 60.)

**Must be filed with the Board of Assessors on or
 before December 15, or 3 months
 after the actual (not preliminary) tax bills
 are mailed for the fiscal year if later.**

 A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant _____

Marital Status _____ Tel No. _____ Date of Birth _____
 (If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2014? _____

Mailing Address (If different) _____

Parcel ID _____ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other _____

Did you own the property July 1, 2014? _____

If yes, were you _____ Sole Owner _____ Co-Owner with spouse only _____ Co-Owner with others

Was the property subject to a Trust as of July 1, 2014? _____ (If yes, and first year of application, or
 first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)

If yes, has the Trust changed since July 1, 2013? _____ (If yes, attach new Trust Instrument and
 Schedule of Beneficiaries.)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
_____ Assets	Date Granted/Denied _____	_____
	Certificate No. _____	_____
	Date Cert/Notice Sent _____	_____
		Board of Assessors

B. EXEMPTION STATUS – Please complete the applicable box.

Surviving Spouse	Surviving Minor Child
Spouse's Name _____	Deceased Parent's Name _____
Date of Death _____	Date of Death _____
Have you remarried _____	Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____
If yes, Date _____	If yes, go to section D.
Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____	
If yes, go to section D.	

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.

Documentation will be requested to verify your assets.

Real Estate		Assessed Valuation		Mortgage Balance	Value
		Domicile			
		Other			
Motor Vehicles and Trailer		Year	Make	Model	Value
Bank Accounts		Institution Name & Address		Account No	Amount
Stocks, Bonds, Securities, Etc.		Description			Amount
Other Non-Exempt Personal Property		Kind	Description	Value	

Total

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE